

Fee: \$10.00

(02/12/2003)

KENTUCKY ATHLETIC COMMISSION
APPLICATION FOR LICENSE AS A
BOXER

Federal ID# _____

In accordance with Kentucky law, applicants for license as a boxer must be licensed annually by the Kentucky Athletic Commission. The license and renewal of license fee is \$10 and must be in the form of a check or money order, made payable to the ***Kentucky State Treasurer***. **No cash payments are accepted.**

(Please Print in Ink) **This form must be completed entirely.** DATE _____, 20____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ ZIP _____

Telephone Number(s) - Home () _____ Work () _____ Cell Phone () _____

Pager/Beeper () _____ Fax () _____ E-Mail Address _____

Occupation _____ Employer _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Height _____ ft. _____ in. Weight _____ lbs.

Eye Color _____ Hair Color _____ What is your Federal ID # ? _____

Have you ever held a license to be a boxer in Kentucky?

Yes ____ No ____ License # _____

Have you ever been licensed to be a boxer in another state(s)?

Yes ____ No ____ License # _____

If yes, in what state(s) _____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please provide details. (Use another sheet of paper if necessary.)

Date _____ Offense _____ Court _____ Disposition _____

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS
APPLICATION AND THE HEALTH AND SAFETY DISCLOSURE ON PAGE 3.
INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A
DELAY IN ISSUANCE OF THE LICENSE.**

(OVER)

PAST HISTORY

1. Have you ever had Rheumatic Fever? Yes _____ No _____
A.) If yes, when were you discharged as cured? _____
2. Have you ever been "knocked out"? Yes _____ No _____
A.) If yes, when? _____ Did you have medical care? _____
3. List any previous "elimination" matches or "tough-man" events you have fought in: _____
Results _____
4. Do you suffer from headaches? _____ If yes, when did they begin and how long do they last? _____
5. Have you ever had a seizure? _____ If yes, when? _____
6. Do you have any allergies? _____ If yes, what are they? _____
7. Have you ever had a head/neck injury? _____
8. List any other serious injuries that you have received in the ring. _____
9. Do you use medications or "drops" of any kind? _____ If yes, please specify by name _____
10. Have you ever had a fight stopped for any medical reason? _____ If yes, please specify _____
11. Please list below your current record, i.e.: last fight, date, opponent, and the results: _____
12. List any other names you have ever fought under: _____

A TRUE STATEMENT MADE UNDER PENALTY OF LAW.

Signature of Applicant

Date

Release: Contestant, by affixing his signature herein, hereby releases & discharges the promoter, the officials, the physician, and the KY Athletic Commission of and from any and all claims that he may have by reason of any injury or damage that he may sustain in, or in connection with, said contest not due to failure of promoter to provide a proper place, ring, or other equipment for the same in accordance with the rules and regulations of the KY Athletic Commission. Further, contestant affirms that the answers in the "past history" section of this document are true. Contestant also certifies that, at present time, he is not under suspension by any of the jurisdiction.

SIGNATURE

HEALTH AND SAFETY DISCLOSURE

Please be advised, as a professional boxer you should be aware that the sport of boxing includes many health and safety risks, in particular, the risk and frequency of brain injury. The Kentucky Athletic Commission strongly recommends that you, as a professional boxer, undergo periodic medical procedures and examinations designed to detect brain injury.

Kentucky law requires that “no person over the of thirty-nine (39) shall box without first submitting a complete physical examination and medical authorization or release completed within fifteen (15) days of the scheduled bout.”

Failure to provide the Kentucky Athletic Commission with documented proof of the appropriate complete physical examination and medical authorization or release, within the statutory timeframe, will result in elimination of eligibility for the boxer to participate in an event.

By signing this form, I acknowledge the health and safety risks associated with the sport of boxing.

Boxer's Signature

____/____/____
Date

PLEASE MAIL COMPLETED APPLICATION TO:

KENTUCKY ATHLETIC COMMISSION
Public Protection and Regulation Cabinet

100 Airport Road, Suite 300
Frankfort, Kentucky 40601
502/564-7760

